

**Bankruptcy Court:** chambers of the Honorable James M. Peck  
One Bowling Green, New York, NY 10004, Courtroom 601

**Debtor:** Lehman Brothers Holdings Inc., *et al.*

**Case Number:** 08-13555 (JMP)

**Title of Objection:** Objection to Claims (Late-Filed Claim)

**Claimant:** Rosemarie Franzo

**Claimant Address:** 119 87<sup>th</sup> Street, Brooklyn, NY 11209

**Basis for Amount of Claim:** Employee Severance Package for \$41,428.57 (Severance & RSUs)

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My claim should not be disallowed, expunged, reduced, or reclassified for the reason set forth:

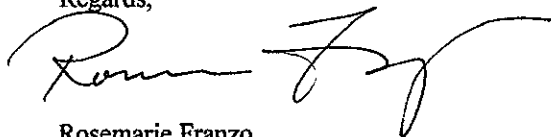
As you can see below, I had sent documentation for my claim throughout the process. I had received confirmation documentation from Lehman Brothers Inc. Claims Processing stating "they are processing my claim." I was unaware that the last form was not received by EPIQ. They apparently sent a reconfirmation letter to all claimants. It was not until a co-worker of mine said they received a letter of reconfirmation of proof of claim that I realized I did not receive this letter. I immediately took action upon realizing that I did not receive this letter by calling EPIQ and mailing the documentation.

- The first documentation for claims from SiPC, I had electronically filed my claim before the June 1, 2009 deadline. As they mailed information, I sent the documentation.
- Mailed documentation for claim on 3/5/2009
- Received notice of acknowledgement of claim but requested additional information from me. Mailed additional information on 5/4/2009
- On May 28, 2009 I received notice that my claim was denied as a customer but determined as "general creditor claim" and that I did not need to take any action. It was automatically classified as general creditor claim. See page two of document.
- Once I found out the second "Proof of Claim" form was not received, I mailed it out on 3/15/2010.

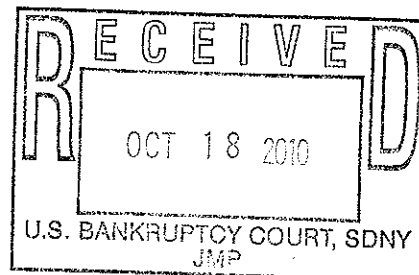
I do not feel I should be penalized when documentation for the claim had been filed throughout the process by EPIQ. I had received letters showing proof of claim. It would be different if I never filed for a claim. However, I provided all the information throughout the course of the process.

I have been conducting job searches over the past few years. Please let me know what to do should I end up with an interview on the hearing date. I will do my best to try and schedule around the hearing.

Regards,



Rosemarie Franzo



**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re

**LEHMAN BROTHERS HOLDINGS INC., et al.,  
Debtors.**

Chapter 11 Case No.

**08-13555 (JMP)**

**(Jointly Administered)**

LBH OMNI40 09-13-2010 (MERGE2,TXNUM2) 4000114088 MAIL ID \*\*\* 0033298169 \*\*\* BSIUSE: 344

FRANZO, ROSEMARIE  
119 87TH STREET  
BROOKLYN, NY 11209

**THIS IS A NOTICE REGARDING YOUR CLAIM(S). YOU MUST READ IT  
AND TAKE ACTION IF YOU DISAGREE WITH THE OBJECTION.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE OBJECTION,  
PLEASE CONTACT DEBTORS' COUNSEL, JOHN O'CONNOR, ESQ., AT 214-746-7700.**

**NOTICE OF HEARING ON DEBTORS' FORTIETH  
OMNIBUS OBJECTION TO CLAIMS (LATE-FILED CLAIMS)**

CLAIM TO BE DISALLOWED & EXPUNGED	
Creditor Name and Address: FRANZO, ROSEMARIE 119 87TH STREET BROOKLYN, NY 11209	Claim Number: 66393 Date Filed: 3/15/2010 Debtor: 08-13555 Classification and Amount: UNSECURED: \$ 41,428.57

PLEASE TAKE NOTICE that, on September 13, 2010, Lehman Brothers Holdings Inc. and certain of its affiliates (collectively, the "Debtors") filed their Fortieth Omnibus Objection to Claims (Late-Filed Claims) (the "Objection") with the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court").<sup>1</sup>

The Objection requests that the Bankruptcy Court expunge, reduce, reclassify, and/or disallow your claim(s) listed above under CLAIM(S) TO BE DISALLOWED & EXPUNGED on the ground that said claim(s) violate the Bankruptcy Court's July 2, 2009 order setting forth the procedures and deadlines for filing proofs of claim in these chapter 11 cases (the "Bar Date Order") [Docket No. 4271], as they were filed after the September 22, 2009 bar date. Any claim that the Bankruptcy Court expunges and disallows will be treated as if it had not been filed and you will not be entitled to any distribution on account thereof.

If you do NOT oppose the disallowance, expungement, reduction or reclassification of your claim(s) listed above under CLAIM(S) TO BE DISALLOWED & EXPUNGED, then you do NOT need to file a written response to the Objection and you do NOT need to appear at the hearing.

If you DO oppose the disallowance, expungement, reduction or reclassification of your claim(s) listed above under CLAIM(S) TO BE DISALLOWED & EXPUNGED, then you MUST file with the Court and serve on the parties listed below a

<sup>1</sup> A list of the Debtors, along with the last four digits of each Debtor's federal tax identification number, is available on the Debtors' website at <http://www.lehman-docket.com>.

From: Ruiz, Gustavo  
<gruiz@epiqsystems.com>  
To: rfranzo@aol.com  
Subject: Lehman Brothers  
Date: Fri, 5 Dec 2008 8:39 pm

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Dear Ms. Franzo –

Thank you for your inquiry. Information regarding: (1) Lehman Brothers Holdings Inc., et al., chapter 11 cases is available at <http://www.lehman-docket.com>; and (2) Lehman Brothers Inc. SIPA proceeding is available at <http://www.lehmantrustee.com>. Additional information will be disseminated with respect to these matters through the applicable website. Please consult the appropriate website with respect to your question or request. Also, you may contact the Call Center that has been set up to respond to inquiries in each of these matters by using the following telephone numbers: (a) for the Lehman Brothers Holdings Inc., et al., chapter 11 cases call: (i) 1.866.879.0688 (US); or (ii) 1.646.282.2579 (Non-US); and (b) for the Lehman Brothers Inc. SIPA proceeding call: (i) 1.866.841.7868 (US), or (ii) 1.503.597.7690 (Non-US). Thank you again.

Best regards,  
Epiq Bankruptcy Solutions, LLC

This communication (including any attachment(s)) is intended solely for the recipient(s) named above and may contain information that is confidential, privileged or legally protected. Any unauthorized use or dissemination of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender by return e-mail message and delete all copies of the original communication to include any copy that may reside in your sent box. Thank you for your cooperation.

In Re: Lehman Brothers Holdings Inc., et al. Debtors.  
Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)  
Name of Debtor Against Which Claim is Held  
LEHMAN BROTHERS HOLDINGS, INC.  
Case No. of Debtor  
08-13555 (JMP)

UNIQUE IDENTIFICATION NUMBER: 555111580

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (MERGE2.DBF,SCHED\_NO) SCHEDULE #: 555111580\*\*\*\*\*  
FRANZO,ROSEMARIE  
119 87TH STREET  
BROOKLYN, NY 11209

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number: \_\_\_\_\_

(If known)

Filed on: \_\_\_\_\_

NOTICE OF SCHEDULED CLAIM:

Your Claim is scheduled by the indicated Debtor as:

SCHEDULE G - EXECUTORY CONTRACT OR UNEXPIRED LEASE

DESCRIPTION:  
SEVERANCE AGREEMENT

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Amount of Claim as of Date Case Filed: \$ \_\_\_\_\_

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.\*

☐ Check this box if all or part of your claim is based on a Guarantee.\*

\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim: \_\_\_\_\_  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_

3a. Debtor may have scheduled account as: \_\_\_\_\_

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_%

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_  
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  
8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.  
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: \_\_\_\_\_ Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_\_).

Amount entitled to priority:

\$ \_\_\_\_\_

FOR COURT USE ONLY

# PROOF OF CLAIM

In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held LEHMAN BROTHERS HOLDINGS, INC.	Case No. of Debtor 08-13555 (JMP)

UNIQUE IDENTIFICATION NUMBER: 555290980

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

## THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (MERGE2.DBF,SCHED\_NO) SCHEDULE #: 555290980\*\*\*\*\*  
ROSEMARIE, FRANZO  
119 87TH STREET  
BROOKLYN, NY 11209

☐ Check this box to indicate that this claim amends a previously filed claim.

### Court Claim

Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

**NOTICE OF SCHEDULED CLAIM:**  
Your Claim is scheduled by the indicated Debtor as:

SCHEDULE G - EXECUTORY CONTRACT OR  
UNEXPIRED LEASE

DESCRIPTION:  
RESTRICTED STOCK UNIT AGREEMENT

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Amount of Claim as of Date Case Filed: \$ \_\_\_\_\_

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.\*

☐ Check this box if all or part of your claim is based on a Guarantee.\*

**\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim: \_\_\_\_\_  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: \_\_\_\_\_  
3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)  
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ \_\_\_\_\_ Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_  
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain:

Date: \_\_\_\_\_ Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_).

Amount entitled to priority:

\$ \_\_\_\_\_

## FOR COURT USE ONLY

**Lehman Brothers Inc. Claims Processing**  
c/o Epiq Bankruptcy Solutions, LLC  
757 Third Avenue, 3rd Floor  
New York, NY 10017

***In re Lehman Brothers Inc.***

Case No. 08-1420 (JMP) SIPA

**REQUEST FOR SUPPLEMENTAL INFORMATION**

April 30, 2009

FRANZO, ROSEMARIE  
119 87TH STREET  
BROOKLYN, NY 11209

Re: Claim Number(s): 800001277

Dear Claimant:

**PLEASE READ THIS NOTICE CAREFULLY**

The liquidation of the business of Lehman Brothers Inc. ("LBI") is being conducted under the above-referenced case number by James W. Giddens, Trustee, pursuant to an Order entered on September 19, 2008 by the United States District Court for the Southern District of New York. We acknowledge receipt of the above-referenced claim(s) in this proceeding (the "Claim").

We have begun processing your Claim, but require the following information and/or documentation in order to continue processing your Claim:

1. Each LBI account number that relates to your Claim; *Claim is for revenue package. Former employee of Lehman Brothers*
2. For each LBI account number, the following:
  - a. The Social Security Number and/or Tax Identification Number(s) related to the claimed account; *SS#:* \_\_\_\_\_
  - b. A copy of your last LBI account statement or any documents to indicate that you held an account at LBI; and
3. Copies of all correspondence you had with LBI and/or any of its representatives or affiliates related to your Claim.

**James W. Giddens**  
**Trustee for the SIPA Liquidation of Lehman Brothers Inc.**  
**c/o Epiq Bankruptcy Solutions, LLC**  
**757 Third Avenue, 3<sup>rd</sup> Floor**  
**New York, NY 10017**

***In re* Lehman Brothers Inc.**

Case No. 08-01420 (JMP) SIPA

**NOTICE OF TRUSTEE'S DETERMINATION OF CLAIM**

May 28, 2009

**VIA UPS OVERNIGHT**

FRANZO, ROSEMARIE  
119 87TH STREET  
BROOKLYN, NY 11209

Re: Claim Number(s): 800001277

Dear Claimant:

**PLEASE READ THIS NOTICE CAREFULLY**

The liquidation of the business of Lehman Brothers Inc. ("LBI") is being conducted by James W. Giddens, Trustee (the "Trustee") under the Securities Investor Protection Act of 1970, as amended ("SIPA") pursuant to an order entered on September 19, 2008 by the United States District Court for the Southern District of New York. You have submitted the above-referenced claim(s) (the "Claim") as a customer claim in this proceeding. This Notice is applicable only to the claim(s) and/or accounts identified above. If you filed other claims, additional notices will be issued.

The Trustee has made the following determination regarding your Claim:

Your claim for customer treatment of cash and/or securities under the SIPA is DENIED. The cash and/or securities that you claimed are not customer property pursuant to SIPA. As such, your claim is not entitled to treatment as a customer claim eligible to share from the fund of customer property or SIPA cash advances.

Although the Trustee has denied your claim for customer treatment under SIPA, he is converting your claim to a general creditor claim on the Debtor's estate, similar to a claim in an ordinary bankruptcy case. No determination is being made as to the validity or allowed amount of the claim at this time. After the determination of customer claims, the Trustee will address all general creditor claims and you will receive a further notification as to the Trustee's determination of your general creditor claim.

With respect to the determination of your claim as a general creditor claim, you do not need to take any further action at this time. The Trustee will send you a further notification once he has made a determination of your claim as a general creditor claim.

**PLEASE TAKE NOTICE:** If you disagree with the determination that your claim is Denied as a customer claim and desire a hearing before Bankruptcy Judge James M. Peck, you MUST file your written opposition, setting forth (i) the claim number; (ii) a detailed statement of the reasons for your objection to the Trustee's determination; (iii) copies of any document or other writing upon which you rely; and (iv) mailing, phone, and email contact information, with the United States Bankruptcy Court and the Trustee within THIRTY DAYS of the date of this notice.

**PLEASE TAKE FURTHER NOTICE:** If you do not properly and timely file a written opposition, the Trustee's determination with respect to your claim will be deemed confirmed by the Court and binding on you.

**PLEASE TAKE FURTHER NOTICE:** If you properly and timely file a written opposition, a hearing date for this controversy will be obtained by the Trustee and you will be notified of that hearing date. Your failure to appear personally or through counsel at such hearing will result in the Trustee's determination with respect to your claim being confirmed by the Court and binding on you.

**PLEASE TAKE FURTHER NOTICE:** You must file your opposition in accordance with the above procedure electronically with the Court on the docket of *In re Lehman Brothers Inc.*, Case No. 08-01420 (JMP) SIPA in accordance with General Order M-242 (available at [www.nysb.uscourts.gov/orders/orders2.html](http://www.nysb.uscourts.gov/orders/orders2.html)) by registered users of the Court's case filing system and by all other parties in interest on a 3.5 inch disk, preferably in Portable Document Format (PDF), Microsoft Word or any other Windows-based word processing format.

If you do not have means to file your opposition electronically, you may mail your opposition to:

Clerk of the United States Bankruptcy Court  
Southern District of New York  
One Bowling Green  
New York, New York 10004



**PLEASE TAKE FURTHER NOTICE:** You must serve your opposition upon the Trustee's counsel by mailing a copy to:

Hughes Hubbard & Reed LLP  
One Battery Park Plaza  
New York, NY 10004  
Attn: LBI Hearing Request

Attorneys for James W. Giddens, Trustee for  
the SIPA Liquidation of Lehman Brothers Inc.

Very Truly Yours,

James W. Giddens  
Trustee for the SIPA Liquidation of  
Lehman Brothers Inc.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

NEW YORK NY 10017

Postage	\$ 4.95	0319
Certified Fee	\$2.70	13 Postmark Here
Return Receipt Fee (Endorsement Required)	\$2.20	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 9.85	05/04/2009

Sent To: EPIC Bankruptcy Solutions, LLC  
Street, Apt. No., or PO Box No. 757 3rd Ave, 3rd Floor  
City, State, ZIP+4 NY NY 10017

PS Form 3800, AUGUST 2004

7009 0080 0002 3950 0391

**ENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
u S Bankruptcy Court  
Lehman Brothers Holding  
Clarus Processing Outing  
c/o Epic Bankruptcy Solutions  
FDR Station P.O. Box 5076  
New York, NY 10017

4. Article Number (Transfer from service label) 7010 0290 0003 3419 7428

5. Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) S. SANCHEZ C. Date of Delivery 3/15/10

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

102595-02-M-1540

**ENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
2. Print your name and address on the reverse so that we can return the card to you.  
3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
EPIC Bankruptcy Solutions  
757 3rd Ave, 3rd Fl  
New York, NY 10017

4. Article Number (Transfer from service label) 7009 0080 0002 3950 0391

5. Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) S. SANCHEZ C. Date of Delivery 3/15/10

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

102595-02-M-1540